

UTAH MEDICAID COVERAGE OF TOBACCO CESSATION TREATMENTS

Health Plans	Medications Covered	Counseling Covered	Limitations/Notes	Sources
Fee for Service	Gum Patch Lozenge Inhaler Nasal Spray Bupropion/Zyban Varenicline/Chantix	Individual/Group(P) Individual covered for all clients (codes 99406 and 99407) Group covered for Traditional and Non-Traditional (code 99411)	Copay: \$4 copay for prescription drugs. No copay for: Individuals through 18 years of age • Any individual whose medical assistance for services are furnished in an institution • American Indian/Alaskan Native individuals • Individual receiving hospice care • Individuals who are receiving Medicaid due to having breast or cervical cancer • Pregnant members No copay for counseling visits.	Medicaid Benefits for Tobacco Cessation Member Guide July2017 MIB April 2018 MIB
Health Choice Utah	Gum Lozenge Patch Inhaler Nasal Spray Bupropion/Zyban Varenicline/Chantix	Coverage consistent with Utah Medicaid Benefits, same codes are covered (99406, 99407, 99411). Includes up to 5 sessions lasting 20 minutes each.	Copay: \$4 copay for prescription drugs (no copay for individuals in the six categories listed above in Fee for Service). No copay for counseling visits. Quantity Limit: 84 days per 180 days (12 weeks). Additional duration available with prior authorization.	Formulary Member Handbook
Healthy U	Gum Lozenge Patch Inhaler Nasal Spray Bupropion/Zyban Varenicline/Chantix	Coverage consistent with Utah Medicaid Benefits, same codes are covered (99406, 99407, 99411)	Copay: \$4 copay for prescription drugs (no copay for individuals in the six categories listed above in Fee for Service). No copay for counseling visits. Prior Authorization: PA required for Chantix Step Therapy: ST required for Chantix Annual Limit: Max 4 counseling visits per year Quantity Limit: QL for Chantix	Formulary Smoking Cessation Benefits Member Handbook Provider Newsletter
Molina Healthcare	Gum Lozenge Patch Inhaler Nasal Spray Bupropion/Zyban Varenicline/Chantix	Coverage consistent with Utah Medicaid Benefits, same codes are covered (99406, 99407, 99411)	Copay: \$4 copay for prescription drugs (no copay for individuals in the six categories listed above in Fee for Service) No copay for counseling visits. Annual Limit: Max 3 fills a year for gum, lozenge, patch, bupropion Prior Authorization: PA required for Chantix, inhaler, nasal spray Step Therapy: Failure of NRT and bupropion required for Chantix Required Counseling: Participation in behavioral tobacco cessation program required for Chantix	Formulary Formulary Search Prior Authorization Criteria Health Education Programs
SelectHealth Community Care	Gum Lozenge Patch Inhaler Nasal Spray Bupropion/Zyban Varenicline/Chantix	Coverage consistent with Utah Medicaid Benefits, same codes are covered (99406, 99407, 99411)	Copay: \$4 copay for prescription drugs (no copay for individuals in the six categories listed above in Fee for Service.) No copay for counseling visits. Counseling visits: 99406 – 4/year are covered 99407 – 3/year	Member Handbook Formulary